

FAMILY PLANNING CLINIC SITES:

Brown County Community Health Center

402 S Main
Aberdeen, SD 57401 626-2628

Urban Indian Health

1315 6th Avenue SE #6
Aberdeen, SD 57401 225-1538

Alcester Medical Center

104 W. 2nd Street
Alcester, SD 57001 934-2122

Douglas County Public Health

708 8th Street
Armour, SD 57313 724-2758

Sanford Clinic - Brookings

922 22nd Ave. So.
Brookings, SD 57006 697-1900

Elk Point Commuuty Health Clinic

204 E. Main
Elk Point, SD 57025 356-3317

Women's Health & Education Center

390 Kansas Ave. SE
Huron, SD 57350 352-8384

Mitchell Family Planning

909 South Miller
Mitchell, SD 57301 995-8040

Pierre Area Family Planning

302 E Dakota
Pierre, SD 57501 773-4937

Urban Indian Health

1714 Abbey Road
Pierre, SD 57501 224-8841

Community Health Center of the Black Hills

504 East Monroe Street
Rapid City, SD 57701 394-6665 Ext. 22

Sanford Downtown Women's Health Care

401 East 8th, Suite 230
Sioux Falls, SD 57103 334-5099

Urban Indian Health

320 S 3rd Ave. Suite B
Sioux Falls, SD 57104 339-0420

Family Health Education Services

930 N. 10th Street
Spearfish, SD 57783 642-6337

Vermillion Area Family Planning

Julian Hall USD
414 E. Clark
Vermillion, SD 57069 677-5278

Watertown Family Planning

703 S. Broadway
Watertown, SD 57201 882-1852

Yankton Area Family Planning

317 Broadway, Ste 8
Yankton, SD 57078 665-8838

For Further Information:

Contact the state office or a Family Planning Clinic Site for additional information. Or call 1-800-305-3064 for referral information. Community Health Nursing Offices in some areas provide Family Planning Services.

Visit our web site at:

www.state.sd.us/doh/famhlth/famplan.htm

State (SDCL 20-13) and Federal (Title VI of Civil Rights Act of 1964, the Rehabilitation Act of 1973 as amended, and the Americans With Disabilities Act of 1990) laws require that the S.D. Family Planning Program provide services to all persons without regard to race, color, creed, religion, sex, disability, ancestry, or national origin.

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Birth Control Methods



South Dakota Family Planning

Department of Health
615 E. Fourth
Pierre, SD 57501-1700
(605) 773-3737



Choices

Choosing a contraceptive is an important decision. A method that is not effective for an individual can lead to an unwanted pregnancy. A method that is not safe for the user can create medical consequences. A method that does not fit into the client's personal lifestyle is not likely to be used consistently or correctly. You should choose which contraceptive method is right for you, taking into consideration the feelings and attitude of your partner.

The Family Planning staff will provide you with information that will help you to make an informed choice about what method is right for you. A medical provider will do a complete physical exam, review your health history, and discuss with you the contraceptive options that are available.



The following contraceptive choices are available through the South Dakota Family Planning Program:

- ✓ Abstinence
- ✓ Oral Contraceptives
- ✓ Condoms
- ✓ Spermicides
- ✓ Natural Family Planning
- ✓ Diaphragm
- ✓ IUD
- ✓ Depo-Provera
- ✓ Contraceptive Patch
- ✓ Sterilization

Information on these options is found on the inside of this pamphlet.



Be Informed

Most everyone will use a variety of contraceptive methods throughout their lifetime.

Increase your knowledge of contraceptive methods and make the choices that are right for you. The following factors will influence your choice.

- Effectiveness
- Safety
- Personal considerations

(Method information inside)



Methods of Birth Control															
Method of Birth Control	ABSTINENCE SAYING NO!	FERTILITY AWARENESS METHODS	WITHDRAWAL	MALE CONDOM	FEMALE CONDOM	SPERMICIDES	DIAPHRAGM CERVIAL CAP	THE PILL	VAGINAL RING	THE PATCH	EMERGENCY CONTRACEPTIVE PILLS (ECPs)	DEPO-PROVERA	IMPLANON	IUD (Intrauterine De-vice)	STERILIZATION
What is it?	Decision to not have sex (vagi-nal, oral, anal)	A variety of methods to determine when you can get pregnant and not having sex during that time.	Removal of the penis completely from the vagina before the man ejaculates (comes).	A sheath made of latex, plastic, or ani-mal “skin” worn over the penis during sex.	Made of thin plastic, open at one end and closed at the other. Flexible rings at both ends keep the con-dom in the vagina.	Products such as nonoxynol-9 (N-9) in the form of vaginal creams, films, foams, gels, suppositories, and sponges.	Dome shaped rubber cups that fit over the cervix. Both must be fitted and prescribed by a medical provider.	A combination of synthetic hormones almost like those produced by the ovaries.	Soft , flexible, transparent ring which releases hor-mones similar to those in the pill.	A patch con-taining hor-mones similar to those in the pill.	Birth control pills taken in a specific way to prevent preg-nancy after unprotected sex.	A hormone called proges-terone injected into the muscle every 10-13 weeks.	Tiny flexible hormone filled rod preventing pregnancy for up to 3 years.	Small plastic device treated with copper or hormones preventing pregnancy from 1 to 10 years.	Surgically cutting and tying the ducts carry-ing sperm or the eggs. Vasectomy (male); Tubal ligation (fe-males)
How does it work?	Sperm and egg do not meet so fertilization can-not occur.	By not having sex during the time when you can get preg-nant, the sperm and egg do not meet so fertilization cannot occur.	Reduces or stops sperm from enter-ing vagina.	Placed over the penis correctly, the condom catches the sperm so they can’t enter the vagina. Sperm and egg do not meet so fertilization cannot occur.	Inserted into the vagina correctly, it prevents the sperm from passing and thereby fertilization cannot occur.	Chemically, they kill the sperm by destroying the sperm cell mem-brane. Gels and foams may also provide some barrier protection not allowing the sperm pass.	Prevents pregnancy by preventing the sperm from entering the uterus. Sperm and egg do not meet so fertilization cannot occur.	The hormones contained in the pills, the vaginal ring and the patch are similar and prevent pregnancy by stopping the release of the egg from the ovary; thickening the cervical mucus so that sperm are less likely to enter the uterus; and by changing the lining of the uterus so the egg does not attach.				Stops the release of an egg from the ovaries, makes cervical mucus thicker so that sperm cannot get through, changes the lining of the uterus so the fertilized egg does not attach.	The hormone, proges-terone, is released in steady low doses pre-venting ovulation and thickening cervical mucus.	Prevents the sperm from fertilizing the egg.	Closing the tubes prevents the sperm and egg from reaching each other.
How do I use it?	Say NO as often as necessary to get your point across.	Methods in-clude taking your tempera-ture each day; or checking the cervical mucus. Either method or a combination of both may be used.	The man removes penis from vagina and ejaculates outside of the vagina and away from outer genital area.	Unroll condom over ERECT penis BE-FORE sex. Before penis becomes limp, withdraw penis and condom by holding rim of condom against base of penis with your fingers to pre-vent sperm from spilling. Throw con-dom away after one use.	The flexible inner ring at the closed end is inserted into the vagina as far as possible; the larger outer ring remains outside the vagina. Should not be used with a male condom. Can be put in up to 8 hours in advance.	Insert into the vagina usually 10 to 15 minutes prior to intercourse. Instructions come with each form of spermicide. May be used with con-doms and dia-phragms.	Place spermicide inside the dome and around the edge of the device. Insert the device into the vagina covering the cervix. Leave in place at least 6 hours after intercourse. More spermicide should be inserted if you have sex again before removing the device.	Take the pill at the same time every day whether or not you have sex. Use a backup method until your first pack has been taken.	Insert the ring into the vagina and leave in place for 21 days.	Apply the patch to the skin any where on the body except the breast once a week on the same day for three weeks. No patch is worn during the fourth week.	Take the pills as directed within 72 hours after unprotected sex. If taken after 72 hours, chance of pregnancy may be in-creased.	Return to the clinic for the shot every 10 to 13 weeks.	Inserted under the skin of the upper arm by medical provider under local anesthetic. No stitches required.	Inserted into the uterus by the medical provider and left there. Check string each time before having sex for first 4 months, then after each menstrual period.	A brief surgical proce-dure in the provider office is performed on the man or performed under general anes-thesia on the woman.
How reliable if used correctly and consistently?	100% effective as long as sex does not occur	75 to 90% effective.	If man is able to predict ejaculation and withdraws, it is 73-96% effective.	A condom alone is 85 to 98% effective. Using a condom with spermicide increases the protection against pregnancy.	79 to 95% effective.	May be as low as 50% effective when used alone. More effective when used with condoms or dia-phragms.	Diaphragm: 84 to 94% effective. Needs to be refitted annually or with a weight loss or gain of 10 pounds. Cervical cap 68% to 91%	92 to over 99% effective. Effectiveness may de-crease with use of other medications.	92 to over 99% effective.		Reduces the risk of a preg-nancy from one act of unpro-ected sex by 75% - 89%.	97% to over 99% effective.	Over 99 % effective. May be less effective in heavier women after the second year.	Over 99% effective.	Over 99.8% effective and usually NOT reversible.
Are there any side effects?	No.			If allergic to latex, may have a severe reaction if latex con-dom is used.	No.	Allergic reactions or sensitivity to the product may de-velop. Changing brands may solve the problem. May increase risk of yeast vaginitis or bacterial vaginosis.	May increase risk of vaginal and urinary tract infections. Latex products should not be used by those allergic to latex. Slight danger of Toxic Shock Syndrome (TSS). Diaphragm should not be left in place longer than 24 hours; the cap not longer than 48 hours.	May cause headaches, depression, anxiety, fa-tigue, mood changes, nausea, vomiting. May increase risk for blood clots including stroke and heart disease. Smoking increases this risk	Possible side effects same as pill.	Possible skin irritation where the patch is applied. Since the hormones are absorbed through the skin, estrogen absorp-tion may be higher than with the pill. This may increase the risk of side effects	May cause nausea and vomit-ing. May increase risk for blood clots.	Irregular periods, bleeding or spotting between periods, no periods, weight gain, head-aches, and nervousness. May cause bone loss due to decreased estrogen level. This loss is greater the longer Depo-Provera is used. Serious problems have not been proven to result from use of this method. Some women are allergic to the product.	Irregular periods, possi-ble headaches, weight gain, hair loss, or mood changes No serious problems have been identified.	May be cramping, or spotting after insertion. The number of bleed-ing days may be slightly higher than normal. Risk of pelvic inflammatory disease (PID) especially right after insertion.	Some pain may last for several days fol-lowing the procedure. No loss of sexual desire or ability for the vast majority of pa-tients. Surgical opera-tion has some risks but serious complica-tions are rare.
Does it protect against sexually transmitted infections?	100% effective.	No. Does not offer any protection against STIs.	No. Does not offer any protection against STIs.	Yes, next to absti-nence, offers the next best protection from STIs.	Yes. It does offer protection in pre-venting infection.	Minimal if any protection against STIs	No. Does not protect against STIs.								
Where can I get it?	Always avail-able, regardless of prior sexual experience.	Many family planning clin-ics offer in-structions.	Always available; family planning clinics can provide instructions.	At many places in-cluding family plan-ning clinics.	At a family planning clinic. May be diffi-cult to find at stores.	At many places including family planning clinics.	At a family planning clinic or your medical provider.				Through your medical provider. Not provided at family planning clinics.	At a family planning clinic or your medical provider.			Through a referral from the family plan-ning clinic or your medical provider.
How does it affect sex?	It helps you develop strong friendships and make plans for your future.	No sex during the time you could get pregnant which can last up to two weeks.	May reduce sexual pleasure. Requires a great deal of trust.	May dull sensation a bit but could help maintain erect penis longer.	Some feel it is large, unattractive, and makes rustling noise. Some women do not like putting it in or taking it out.	Lubrication pro-vided by the sper-micide may in-crease pleasure.	Usually not felt by either partner. May affect attitude toward lovemaking by some women who don’t like to put it in or take it out.	Relieves anxiety over possible pregnancy.	Usually not felt by either part-ner. Some women may not like to put it in or take it out.	Relieves anxiety over a possible pregnancy.	Offers pregnancy prevention after unprotected sex, or con-dom breakage.	Relieves anxiety over possible pregnancy.		Some men say they feel the IUD strings during intercourse.	Relieves anxiety over possible pregnancy.

**Method failure rate” and “user failure rate” are combined for ease in understanding efficiency rates.
 REMEMBER – nothing works if you leave it in the dresser drawer!!